



Department of Agriculture, Trade and Consumer Protection

Home Improvement

Please attach two sets of copies (both sides) of all documentation that supports your complaint, such as: invoices, receipts, contracts, cancelled checks, advertisements, telephone bills.

1. How do we contact you?

Name: (Mr. Mrs. Miss Ms.) _____
(circle one) (first) (middle) (last)

Phone: Home () _____ Work () _____ ext. _____ Cell () _____

Phone me between 8:00 A.M. and 4:00 P.M. at: (circle one) Home Work Cell Email: _____

Address: _____ Apt.#: _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

Improvement property address: _____ Apt.#: _____

Improvement property city: _____ State: _____ Zip: _____ County: _____

2. What business is your complaint against?

Name of business: _____

Address: _____ Ste.#: _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: () _____ Name of person you talked to: _____ Title: _____

Building contractor registration number: _____

Information about your complaint

3. Which of the following best describes your first contact with the business: (check one)

- | | |
|--|--|
| <input type="checkbox"/> Person from business came to my home | <input type="checkbox"/> I telephoned the business |
| <input type="checkbox"/> Person from business called me | <input type="checkbox"/> I responded to a radio or TV ad |
| <input type="checkbox"/> Business sent me information in the mail | <input type="checkbox"/> I went to the business |
| <input type="checkbox"/> I attended a convention or trade show | |
| <input type="checkbox"/> I responded to a printed advertisement: When? _____ | |

Where? _____

4. How old is the person who had contact with the business? Age: (circle one) 0-17 18-61 62 or older

5. Did you sign a contract? (circle one) No Yes Date: _____ Total: \$ _____

6. What type of property repair/improvement was performed: ☐ residential ☐ business ☐ new home construction

7. Did the contractor:
- | | |
|--|--|
| Inform you of your right to written lien waivers? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Provide you with any written lien waivers? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Substitute products or materials without your consent? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Furnish written guarantees or warranties? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Misrepresent the total completion price? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Claim credit for a competitor's work? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Falsely claim to be a member of another firm? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Fail to disclose that another firm would perform work? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Perform the work in a satisfactory manner? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

IMPORTANT: More questions on the back page (over)

8. Amount of initial down payment paid before the entire job was done? \$ _____
9. On what date was the work started? _____ Completed? _____
10. How much work was done? (*circle one*) None/Some/Most/All When was work supposed to be completed? _____
11. Did the contractor notify you of any reasons for delays? (*circle one*) No Yes Reason: _____
12. Has a lien claim been filed against your property? (*circle one*) No Yes When? _____
13. Are the products, materials or workmanship still under warranty? (*circle one*) No Yes
14. What steps have you taken to solve this dispute? _____ Hired attorney: _____
____ Sent a certified letter to the builder (*Name and Phone#*)
____ Complained to the local building inspector
____ Filed a report with police/sheriff
____ Started a suit in small claims court, Case#: _____
15. Describe your complaint in detail. Attach additional sheets if necessary. (Include two copies of any proposals, contracts, canceled checks and other papers involved.)

16. How do you feel your complaint should be resolved? *(please be specific)* _____

This complaint and the information you provide will be used in efforts to resolve your problem and will typically be shared with the party complained against. It may also be used to enforce applicable state laws. Under Wisconsin's Open Records Law, this complaint will be available for public review upon request, after this department's action is completed.

The above information is true and accurate to the best of my knowledge.

Your signature: _____ **Date:** _____

Return this form and two copies of your papers to:

BUREAU of CONSUMER PROTECTION
2811 Agriculture Drive
PO Box 8911
Madison WI 53708-8911
Toll-free in WI: (800) 422-7128

EMAIL: DATCPHotline@Wisconsin.gov
(608) 224-4976
FAX: (608) 224-4939
TDD: (608) 224-5058
WEBSITE: www.datcp.state.wi.us